

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155143		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/17/2011	
NAME OF PROVIDER OR SUPPLIER  MEADOWS MANOR NORTH RETIREMENT AND CONVALESCEN				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN47804			
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F0000	<p>This visit was for the Investigation of Complaint IN00091461.</p> <p>Complaint IN00091461- Substantiated, Federal/State deficiencies related to the allegations are cited at F-157.</p> <p>Survey dates: June 16 &amp; 17, 2011</p> <p>Facility number: 000067 Provider number: 155143 AIM number: 100267880</p> <p>Survey team: Debra Skinner, RN</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 16 Medicaid: 49 Other: 21 Total: 86</p> <p>Sample: 03</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 21,</p>			F0000	<p>Please consider this Plan of Correction as our allegation of compliance. Disclaimer: Meadows Manor North Retirement and Convalescent Center, Inc (Meadows) does not believe and does not admit to any deficiencies existed before, during or after survey. Meadows reserves all rights to contest the survey finding through informal dispute resolution, formal appeal proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Meadows reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potential applicable peer review, quality assurance or self-critical examination privileges which Meadows does not waive and reserve the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows offer its response credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality of care to its resident.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0157 SS=D	<p>2011 by Bev Faulkner, RN</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to promptly notify a resident's physician regarding a resident's having refused to comply with furnishing a urine specimen for testing purposes.</p>		F0157	<p>It is the policy of the facility to inform the resident, the resident physician and legal representative of all condition changes. Resident A physician was notified of the change of condition by the</p>		07/01/2011	

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	<p>This deficient practice affected 1 of 3 residents reviewed for labs and physician notification in a sample of 3 (Resident #A).</p> <p>Findings include:</p> <p>Review on 06/17/11 at 2:20 p.m., of Resident #A's clinical record indicated:</p> <p>Resident #A had diagnoses which included, but were not limited to, BPH (benign prostatic hypertrophy), Alzheimer's disease, DM II (diabetes mellitus type II), COPD (chronic obstructive pulmonary disease), chronic edema, cardiomegaly, and CRI (chronic renal insufficiency).</p> <p>An annual MDS (Minimum Data Set) assessment, dated 06/06/11, indicated the resident had the diagnosis of Alzheimer's disease and was cognitively impaired, but had not had the behavior of resisting care in the 7 day assessment period; required extensive assist with bed mobility, transfers to a wheelchair, eating, dressing and hygiene; was non-ambulatory; was always incontinent of bowel/bladder, but had no UTI's (urinary tract infections) in the past 30 days; had no problems with wt loss or pressure ulcers; received both a daily antidepressant and antipsychotic medication.</p>				<p>licensed staff. The order stated to "obtain UA and C&amp;S when able" due to the resident's refusal of care and being incontinent. Several attempts were made to obtain the same to no avail. The sample was obtained at the hospital. The Licensed Nursing staff was inserviced regarding the standard on care and the notification of the resident, legal representative and physician for all condition changes and order changes. The staff was inserviced regarding notifying the physician if unable to receive specimen within 24 hours of the order. The unit manager will review the 24 hour report and telephone orders for all new lab orders at least 5 days per week. The unit manager will follow up to ensure the lab was performed and/or the physician was notified of the inability to obtain the specimen. The Quality Assurance nurse will review all laboratory telephone orders at least 5 days per week. The QA nurse will monitor lab results to ensure we have received the lab results for every lab ordered. Any discrepancy will be reviewed with the unit manager. The Director of Nursing (DON) or designee will audit lab order and lab results at least 3x weekly for the next 30 days and 1x weekly for the next 90 days. The DON will report the findings to the quality Assurance committee at least quarterly for the 6 months.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2011

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OMB NO. 0938-0391

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	<p>A nurse's note, dated 06/02/11 at 9:42 p.m., indicated, "B/P (blood pressure) 81/48, P (pulse) 79, T (temperature) 97.5 (degrees), O2 sat (oxygen saturation) 93%. Cont. (continued) HHN (hand held nebulizer treatments). Lungs clear bilat. (bilaterally). Urine has been foul smelling all shift. Called MD (medical doctor) and obtained order for U/A (urinalysis) and C &amp; S (culture and sensitivity)...."</p> <p>A nurse's note dated 06/03/11 at 2 p.m., indicated, "V/S (vital signs) T- 98, P-58, R - (respirations) 24, B/P-109/48, O2 sat 93% on RA (room air). Res (resident) up in w/c (wheelchair), appetite good et (and) fluid intake good. Res s (without) c/o (complaints)..."</p> <p>A nurse's note, dated 06/03/11 at 9:37 p.m., indicated, "T-97.6, P-96, R-16, B/P-88/55, O2 sat 91% RA..."</p> <p>A nurse's note, dated 06/04/11 at 12:30 p.m., indicated, "V/S = 99.5, 86, 18, 94/51, O2 sat 79% on O2 at 2 L (liters) per N/C (nasal cannula). Appetite poor. Very weak, pale in color... No output this shift. Call out to (name of physician)...."</p> <p>An order was received on 06/04/11 at 1:30 p.m., from the physician to send the resident to the ER (emergency room) for</p>						

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	<p>evaluation and treatment, with the resident having been transported to the ER at 1:40 p.m., where he was admitted for a UTI.</p> <p>A urinalysis report, dated 06/04/11, (obtained by fax on 06/17/11 at 4 p.m.) , indicated a C &amp; S was "to be done" on the specimen sent on this date while the resident was still at the facility. There was no documentation in the resident's clinical record to indicate when the specimen had been obtained on 06/04/11, or regarding the resident's having refused to submit a urine specimen for testing until 06/04/11.</p> <p>During interview on 06/17/11 at 5:05 p.m., the Director of Nursing (DON) indicated Resident #A had resisted and refused the 06/02/11 order when staff had attempted to get a urine specimen for U/A and C &amp; S until 6/04/11. The DON indicated staff should have notified the resident's physician regarding the resident's non-compliance with submitting urine for testing so that an order for straight catheterization could have been obtained.</p> <p>This Federal tag relates to Complaint IN00091461.</p> <p>3.1-5(3)</p>						

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